Division	of Health Care Fac	cilities						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING B. WING		NSTRUCTION	(X3) DATE SU COMPLE 07/2	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE,	ZIP CODE	i i i i i i i i i i i i i i i i i i i	
BRIDGE	AT ROCKWOOD, TH	IE.		NE STATE (OD, TN 378				
(X4) ID PREFIX TAG	(EACH DEFICIENC	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL FORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	С	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION ROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLE DATE	
N 813	investigation # TNO The Bridge of Rock Deficiencies were investigation. 1200-8-607(10)(a Units which hold the providing specialized comply with the profestal and she following minimum (10)In addition to the required in the nurse nurse aide assigne (40) hours of classed include but not be I areas: (a) Basic facts about an an anagement of related disorders; This Rule is not med Based on review of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-service on demendal and management of the facility failed to be in-servi	nemselves out to the ed Alzheimer's service ovisions of T.C.A. § nall be in compliance standards: The classroom instruction in the classroom instruction which is a service of Alzheimer's Disease of Alzheimer's Disease of CNA (#1) and a care for residentice prior to caring for recomplished to the service of care for residentice prior to caring for recomplished to the service of care for residentice prior to caring for recomplished to the service of the	leted at 211. complaint 211. complai	N 813	the the Res No Res Cou emploir con to coo limit to vice con to coo limit Uni Mo The Coo have scheduling the contact of the coo limit Uni Mo The Coo have scheduling the coo scheduling the coo have scheduling the coo coo limit Uni Mo The Coo have scheduling the coo coo limit Uni Mo Coo have scheduling the coo coo coo coo coo coo coo coo coo co	services a facility will ensure that em Specialized Unit of the facility required training for that unsidents affected: specific residents were identified to the facility specific residents were identified to the Specific specific swill be conducted to the specific swill be conducted to identify staff membraple the required training will not the Specialized Care Unit. Tradinator will be inserviced residentified to the specialized the required training work the unit. Any employee appleted this training will not the Specialized Care Unit. Tradinator will be inserviced residentified to the Specialized Care Unit. Tradinator will be inserviced residuation of assignment to the station of assignment	ployees working on lity have completed it. tiffied. : ecialized Care Unit an audit of ed by the HR ers who have not to enable them to the has not be assigned duties he staffing egarding the Specialized Care be conducted by the embers who have not be assigned duties he staffing egarding the Specialized Care When has not be assigned duties he staffing egarding the Specialized Care N and Staffing of employees who ining with the propriately trained	
sion of Hea	Assistant (CNA #1) April 9, 2011, fifteer alth Care Facilities	revealed a re-hire dan months after termin	ate of ation.	ATTIDE	Zu A	TITLE Tim Odninista		X6) DATE
. are as 11 list V l	DIRECTOR S OR PROVID	ENJOUPPLIER REPRESEN	MINED SIGH	MIUNE C	74 M	neve a suiteresse	WINI 1101	V0/11

Divisio	n of Health Care Fac	ilities				-		RM APPROVE	
STATEME	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. ND PLAN OF CORRECTION IDENTIFICATION NUMBER			A. BUILDING		ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
(i)		TN7302		B. WING			-) c	07/20/2011	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE,	ZIP CODE			
BRIDGE	AT ROCKWOOD, TH	E		ANE STATE DOD, TN 37					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	C	PROVIDER'S PLAN O (EACH CORRECTIVE AC ROSS-REFERENCED TO DEFICIEN	(X5) COMPLETE DATE		
N 813	Continued From page 1			N 813			,		
40	(Review of the file revealed the CNA was previously hired September 22, 2009 and was terminated January 21, 2010).								
	Review of the personnel file revealed no documentation of attendance of an in-service/training for caring for residents with dementia and dysfunctional behaviors.			Andreas and a second a second and a second and a second and a second and a second a					
	Interview with the Assistant Director of Nursing (ADON) on July 19, 2011, in the ADON office at 2:10 p.m., revealed all staff are to be trained in caring for the residents with Alzheimer's Disease "at least 8 hours of orientation" before the staff are scheduled to work on the secure unit. Continued interview verified CNA #1 was employed from April 9- May 3, 2011. Continued interview and review of the nursing schedule verified CNA #1 was assigned and worked from April 19-May 21, 2011, on the West (Secure) Wing which is designated for the residents with advanced dementia.				a S	an na sa			
(2		R Director in the HR 00 a.m., verified CNA on dementia care.				50 St			
	complaint #28098								

Division of Health Care Facilities

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